US Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.

For Official Use Only  READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT
1 File Number U 9000	2 Fiscal Year Covered From
1	ID / I / Z003 Through 9 / BD / ZD04
3 Name and address of person filing	4 Name file number and address of labor organization
Name Richard H Behrends	Name Plumbers/ Pipe-fitters LU 262
	Labor Organization File Number 544522
PO Box Bldg Room No If any POBOX 020347	PO Box Building and Room Number if any
Street	Street *1751 ANKA 5ti
City Juneau	City JUNEAU 3
State   Alaska   ZIP Code + 4 99802-0347	State ALASICA ZIP Code +4 99801
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name - San A	
PO Box Bldg Room No If any	
	7 b Amount
Street	
City C.	0.00
State ZIP Code + 4	
Signature	
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions.)  Signed  On  8:10-05  907-788-6766	

Date

Telephone Number

Name of Person Filing	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4  10 If 9 b or 9 c. is checked give trust or employer's name  Name	9 Business deals with  a Labor Organization  b Trust  c Employer  11 a Nature of such dealing  To the best of my knowledge I have held no interest in or derived income or economic benefit with monetary value from any business	
Trade Name If any  P O Box Bidg Room No If any  Street  City  State  ZIP Code + 4	11 b Approximate dollar value of such dealing \$0  12 a Nature of interest held or income received N/A	
	12 b Amount. \$0	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value  13 a Name and address of Employer or Labor Relations Consultant  14 a Nature of payment		
(including trade name if any)  Name	To the best of my knowledge I have receive no payment of money or other think of value in excess of \$25 00 from any employer or labor relations consultant	
Trade Name If any  P O Box Bldg Room No If any  Street  City  State  ZIP Code + 4		
13 b is the Business an Employer or Consultant?	14 b Amount of payment \$0	